

**Harnessing the Power of Mind-Body Healing for a Healthier Life**

An interview with Brenda Stockdale

on Back in Control Radio with Dr. David Hanscom

Podcast Date: January 13, 2025

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**David Hanscom:** I want to welcome Brenda Stockdale back to the podcast. We talked to her for a half an hour, a few minutes ago, and she's the director of behavioral medicine at a regional and nationally recognized cancer center, and she's presented relevant research in the clinical practice through the design and implementation of evidence based biobehavioral programming.

The main thing is that she has worked with Dr. Bernie Siegel who has a well known book called Love, Medicine, and Miracles. He's also written other books on visualization and healing. And there's many, Brendan, as we talked, more and more ideas came up about things to talk about. But we're trying to pull out of here, what were the characteristics that allow these cancer patients to survive?

And we discussed chronic stress a little bit. And we don't know all the factors that do contribute to cancer. But we focused a little bit on the people that had a lot to stress their lives. very much. But we're still able to thrive in spite of the stress. Now that includes living through cancer because chronic stress does cause lots of diseases.

Brenda discussed a little bit with her about with lupus and that basically resolved using the same principles. But the bottom line is the same chronic attack on your body causes Things like autoimmune disorders as well as cancer, your body breaks down. And we don't know the exact cause and effect, but there's a strong correlation between chronic stress and cancer.

There's also a remarkable group of people that in spite of a huge amount of stress still thrive. They still have cancer that can be quite advanced and still live. And so I want to tease out of Brenda more is how to live better. Or just stay alive at all. So you just mentioned in our conversation offline about this gentleman who proposed a way of living life to maximize the time that you had left to live and people would start to live, which is the whole reason I'm talking to you is what, who's that person again, Brenda?

**Brenda Stockdale:** Yeah, Dr. Lawrence LaShawn, and he was a clinical psychologist and back in the 50s, he was working with folks who had an average of about three months to live. So they, the focus was not beating the odds. The focus was not beating cancer. It was simply, if you've got this time left, let's do as much as we possibly can.

So the focus was, he would meet with some people. maybe once a week, some people three times a week for varying lengths of time as they discussed how they may have felt alienated from their deepest dreams or desires through their life, how that could be possibly, um, those, that challenge met with the few months that they had to live more of that acceptance.

Um, and The shock to the medical community, the patients, the families, and to Lawrence LeSean was that these individuals had stopped dying. I met him, he was on our board, um, He was on our advisory board at Getting Well, and I met him in the 90s. This is 40 years later, and he said some of those people were still alive, um, who had just three months to live.

And Bernie drew from Lawrence LeSean's work. He mentions his work in, um, Love, Medicine, and Miracles. So it wasn't a denial of the mortality. It wasn't a denial these people weren't doing these things because they thought they would live. In fact, one woman, she'd always wanted to take a trip around the world, but it would require all her resources, um, meaning her children wouldn't get an inheritance, but she sold her house.

She sold everything. She took a trip around the world, uh, for those three months that she supposedly had left. But when she came home, she was cancer free and had to go live with her children. And so the joke, the joke was there's a price for everything, you know?

**David Hanscom:** Right. I mean, let's, let's talk about this for a second.

Cause this is a big deal. So my whole thing, same, I think called the dark journey. I'm going to say, look, this is not a self help process. This is finding your own version of connect, connecting to who you are. So the first step is connecting positives and negatives, just connecting with what's who you are, not your facade of who you think you are, just connecting to who you are, what you want and making your needs known.

The second part is the, Confidence we're using the tools actually make that happen. Then the third part is creativity of actually literally reprogramming your brain. So healing starts with connection. It doesn't end with connection, but it starts with connection. So connecting to who you are and what you want is a lot less stressful than trying to be somebody who, who you think the world wants you to be.

**Brenda Stockdale:** You said it very well. Yes.

**David Hanscom:** So you notice that these people that he, so you notice the people that healed, they were encouraged to live the last three or four months of their life doing exactly what they wanted to do, meeting their needs, and they started to live. Is that what you just said?

**Brenda Stockdale:** Yes. And these individuals were, were truly remarkable.

And I'm oversimplifying LaShawn's process. Um, he had an elegant scientific method with the way he would work with people. And his book, um, uh, it was, You Can Fight for Your Life was one of his books. Um, the other, it was Cancer is a Turning Point, actually has his workshop. So he, until his death, I believe he had, um, twice a year, he would meet with people for retreats to work very intensely on the same kind of process he worked with individuals on, um, back there in the fifties.

So, and it's many of the questions that you are asking individuals. To take a look.

**David Hanscom:** Is this book still in print?

**Brenda Stockdale:** Yes, it is.

**David Hanscom:** It is. Okay.

**Brenda Stockdale:** It is. Um, so what the first one you can fight for your life, but it's cancer is a turning point, uh, that actually has the slice in the back of his actual workshop. And that would give you the elegant scientific method that he actually used rather than just.

**David Hanscom:** So we now have some modern neurosciences, unbelievably technical, looking clear at the mitochondrial. There's like one to 2, 000 mitochondria per cell. There's 30 trillion cells in the body and the smallness is incredibly small, incredibly intricate. But they can now literally peer right into mitochondria.

There's like 800 different proteins. They have their own mitochondrial DNA. I mean, the technology is stunning the last 10 years, but what it's doing is confirming everything you just said that are constant stress or threat physiology. The mitochondria breaks down. It can't heal and it's this inability of the mitochondria to heal itself is at the core of all chronic disease.

And same thing which we talked about a hedonistic lifestyle of just, well let me switch gears for a second. So this comes to the core of healing is that it's not If you sign up for The Doc Journey, it's not about David Hanscom. Connect with your disbelief. You've been bounced around, why should you believe me?

It's not about doing a process in healing. It's not about fixing your pain, because you're trying to fix the pain, pain's running the show. Just like you said, if you're trying to save your life, saving your life is running the show. So instead of connecting with your life and passion and purpose, whatever you have left, that's the answer, not trying to fix your cancer.

Do I have that right?

**Brenda Stockdale:** Yes, because that it promotes that kind of forward thinking, that stressful thinking, but that really brings in this passive volition. Um, and that is the, that's really the key. And I think you also mentioned earlier when you were talking about connecting with the self, you know, that is one of the things that Bernie, uh, and if we listen to his audios and his imagery.

That he was really encouraging people to go deep. What were they really feeling? Accepting those feelings, leaning into it, and even learning to label or identify those feelings. And that helps correct for, you know, a tendency we have, especially in our culture, toward intellectualization, where we're really not paying attention to how we feel, or the risk of alexithymia.

**David Hanscom:** Well, part of the problem is we're a century overloaded. We have an awful lot of data coming in every day. And so, just trying to process the, one of my mentors pointed out, really simply, that the human brain did not evolve to process this much information per day. just did not. So just processing your day to day input, column stresses, if you want, is pretty overwhelming.

So we're not connected with what we want. We're just trying to deal through the day's worth of data. And the biggest factor we talked about a little bit earlier is that people can do the tools, like expressive writing, relaxation, meditation, or whatever. And it doesn't work unless you can truly let go and relax.

So it's a letting go process. And then moving forward, I mean, you do this every day. We call it dynamic healing. So we get stressed every day. We have adversity every day. And so you just learn to process that empirically, realizing this is what you have to do to stay alive. And then, but it's not who you are.

You just, you develop the tools to process adversity. It's when you get angry about having adversity, when you blame the adversity for your peace of mind. So, okay. People somehow, I mean, think about this. People somehow feel put upon when they have adversity. But every living creature has to process adversity to stay alive.

You have to find food, you have to find water, you have to defend yourself. That's, every living creature has that mandate, including, including humans. So, when you're surprised about having adversity, I'm going, well, what do you expect? So it's the anger factor that's always a tipping point of healing, not that processing anger heals you, but it prevents you from healing.

**Brenda Stockdale:** And that's well said. And we see even what you mentioned earlier about, um, hedonic happiness versus eudaimonic happiness. Right. Victor Frankl speaks to exactly what you said. Through that horrific experience in the holocaust, um, he was in three different concentration camps. He lost every member of his immediate family with the exception of his sister, Stella.

He lost his neurology practice. At the whole thing, but his point really was in observing the suffering around him was that individuals were able to withstand the disease and deprivation of the camps when they could find meaning in suffering.

**David Hanscom:** Right.

**Brenda Stockdale:** And connect to that self worth, not self esteem, but self worth, and find that meaning in suffering.

So it wasn't, to your point, imagine if they're, you're angry the whole time, right? So we're, we're, no one's looking for adversity, but we can all expect it. And so when it's happening, how are we? What's the meaning that we're bringing to it? Is it some kind of punishment? Is it, you know, something that we think that we're paying for something from the past?

Or we feel that we're entitled to never have any suffering. So what's the meaning that we're bringing to the suffering? And that can help us with that eudaimonic sense of well being, even when the stakes are high and things are bad.

**David Hanscom:** Can you back up for the audience just for a second? Can you just briefly give an overview of who Victor Frankl is?

**Brenda Stockdale:** Yes, he was, um, he wrote Man's Search for Meaning, and the Library of Congress calls it one of the top ten most influential books of all time. There it is! I love it! Awesome! And so he was a neurologist, psychologist, Um, who is imprisoned in three, if not four, at least three concentration camps, um, including the most infamous Auschwitz.

So also

**David Hanscom:** fascinating about him is that he, so when you get out of the camps, again, he would, during the worst of the worst, situation you ever can imagine, he didn't go into, he did not go into a victim role. That's, I don't think I could do that, probably.

**Brenda Stockdale:** Right. Amazing. Amazing. Amazing individual.

**David Hanscom:** But a couple of things that was one, another pillar was, which is a little off topic, which blew me away.

He says, in spite of all the horrible physical things that were being done, that the worst part of the whole ordeal is not knowing when it was going to end. Do you remember that?

**Brenda Stockdale:** Yes. And that's like pain.

**David Hanscom:** Right.

**Brenda Stockdale:** Illness. Yes.

**David Hanscom:** So what happens in medicine, we tell people, you know, have you heard the term M U S by chance?

**Brenda Stockdale:** Yes. From you. I've learned that from you. Medically

**David Hanscom:** unexplained symptoms, which means the doctor is saying, well, we know you're hurting. We know you're suffering. Um, have a good life. We'll help you, The best we can, but if you look at the physiology of chronic disease, which we're discussing indirectly right now, is that in the safety of physiology, body regenerates and heals.

In stress physiology, it breaks down. And so what happens is that you, every symptom is explained on the basis of threat physiology should be medically explained symptoms. And I actually quit my practice because of this, because surgeons were operating on structures that had nothing to do with the pain.

And for instance, let's take lack of sleep actually causes chronic pain. lack of sleep. Surgeons don't ask that question. So my personal mission is to bring medicine back online just to connect with the data right in front of them. So you looked at Viktor Frankl, say, well, he's just tough. He could get through it, but it's the meaning he, meaning he gave to him, which is a profound effect on your physiology, which is safety.

So when people came out of the camps, They get upset because people weren't compassionate enough for them. They, and you can't put words into the kind of suffering. So if you're listening to somebody suffering out of the concentration camp, you can only say so much. And if your attitude is, well, you're not being compassionate enough, that means you're again angry.

So he lived to 90 years old. And thrived at a very high level, whereas many people came out of the camps that survived, but they certainly didn't thrive because they could not let go of the anger. So with your, let's go to your, let's jump way into the future again, or back to the present, where we go to the exceptional cancer survivors group.

Um, you just mentioned that people found meaning in their lives. They connected and you're talking about the work of Lashon in the fifties. It sounds like Bernie carried that. forward. So as you, let's jump right to the current day with your research on what you're seeing. And I'm assuming, I mean, the healing concepts are all the same, whether you have my style or your style, Bernie's style or his style, this all the same concepts.

So it's not a magic formula. The body knows how to heal. So jumping to the current day with your work, um, how do you teach people how to heal?

**Brenda Stockdale:** Well, I think, um, for me, each person, of course, as you know, is such an individual. So while we. Principles, you know, these common denominators. Um, we look at behavioral medicine, uh, research, and that's why we have these behavioral medicine codes, because collectively, these methods have been shown to improve.

Um, outcome from all conditions as well as all cause more lower all cause mortality. So these are insurance codes. So we've got the data. The data is there. It's simply how do we mobilize it?

**David Hanscom:** I'm going to say just rant just for a second. Many interventions are not covered by insurance.

**Brenda Stockdale:** Right, but under these behavioral medicine codes that these are little known codes, they're seldom used, um, therefore they're based on the physical diagnosis, uh, whatever that physical diagnosis is.

And basically your program falls under that rubric of behavioral medicine. You have a dynamic behavioral medicine program. So technically. Okay. Yeah. Well, we're, you know, submitting that and it goes to the medical, not the mental health portion of the policy. So there's no, Can I,

**David Hanscom:** can I stop you for a second again and just rant?

**Brenda Stockdale:** Yes,

**David Hanscom:** please. As you know, that this is the part that medicine has really missed is that mental chronic disease and physical chronic disease are the same.

**Brenda Stockdale:** Right.

**David Hanscom:** Anxiety, depression, OCD, bipolar, schizophrenia, and other psychological diagnosis are a result of sustained inflammation, stress physiology, and your brain is inflamed.

And so again, anxiety and anger are physiological states. And so that all sorts of papers now showing that it's a physiological process, not psychology comes into play. with thoughts, but the bottom line is your body responds to thoughts with a physiological threat response. So again, so that's why it's so frustrating as a physician that they quote won't diagnose mental health codes.

It's the same process.

**Brenda Stockdale:** And, and you're right because, and everything is split up into different arms. Well, we, we both could go there for quite a while with that part of the problem. But I think in this case, it just speaks to the evidence. You know, to how much there actually is for this constellation of methods.

So depending on the person, very much like yourself, um, we'd work with stopping the bleeding. You know, the first thing, which is to stop, stop the, uh, get the system, the autonomic nervous system involved. So the parasympathetic. Can can come online. So I use for some people handheld temperature bulbs so they can learn to warm their hands from maybe 72 to 94 degrees in just a matter of minutes.

They might listen to a five minute autogenic audio. On my website might download that to help them. Um, and so those little measures, learning to breathe, diaphragmatically, practicing warming their hands, starts to give them a sense of that control over physiological processes. They may not have thought were under their control.

Right. So that is useful. And then. medical imagery, um, it's been, you know, really helpful because when we imagine that scene, sports psychology has done a lot with this, but when we imagine maybe that safety scene, maybe that beautiful scene in nature or. Physical residents where we're really safe and relaxed that becomes indistinguishable from the actual biological experience of being there.

So the limbic brain receives those messages from the visual cortex, the auditory cortex, the sensory cortex, and it sends out a chemical message to every cell, nerve and fiber of our being so that it's indistinguishable from the experience. Right. When folks can leverage that in just a few minutes, sometimes that's a shortcut to being able to recognize that sense of safety in the body, um, without so much work.

So it's kind of starting there. is a nice way to level the playing field. And, um, everybody's different as you know, so what, what works for one person isn't, isn't great for another, but everybody finds their niche for experiencing that state of wellbeing.

**David Hanscom:** Well, I appreciate your insights. We just really sort of touched the surface here a little bit, but, um, you know, I just want the bottom line is what, What Brenda and I are doing are different versions of the same principles.

You said the magic word. These are principles of healing, they're universal. There are thousands and thousands of research papers saying this is what you do to heal. And the medical profession right now, unfortunately, for instance, in spine surgery, the data shows only 10 percent of spine surgeons, neuro and ortho spine surgeons, follow the data, what you should do to optimize the outcome of surgery.

Which is basically calming down the body, putting it into safety physiology. Then when you do surgery in a body in safety physiology, the body heals nicely, less pain, better outcomes. And then if you operate in the presence of threat physiology, not only do the, the, do the wounds not heal as well, they actually have a 40 percent chance of making the pain worse, even with a perfect operation.

So you have a fired up nervous system there that are plugging in body parts. Anyway, it's a long way of saying that what Brenda is doing and what the general principles are is. calming down your nervous system and then rerouting it. And so how do, um, I'd like to make sure we can access your services. You have a website, which is?

**Brenda Stockdale:** It's brendastockdale. com.

**David Hanscom:** Okay. And you wrote a book?

**Brenda Stockdale:** Yes. You can beat the odds. Yeah. Surprising factors behind chronic illness and cancer.

**David Hanscom:** And then you live in Atlanta now?

**Brenda Stockdale:** Yes.

**David Hanscom:** Okay. And do you do online work?

**Brenda Stockdale:** Yes, I do. You do.

**David Hanscom:** Okay. And can you do that across state lines?

**Brenda Stockdale:** Yes. Yes. Okay. I'm just working, yeah, in this capacity more as a health coach.

**David Hanscom:** Right. So, I'm excited. We sort of ran across each other by accident on Facebook. I'm super excited to meet you and we're both evolving our processes and we're both continuing to evolve. So, um, it's great to have you on board. You, and I always am really clear. I think the Doc Journey process is a foundation, but I can't do it without you.

You do, I'm a surgeon and you're a much nicer person than a surgeon. So you'll enjoy working with her a lot more than me, but in general, you know, I think the doctrine is foundational a whole process of relaxation, play, lightness that, that I just don't do. Surgeons don't do that. And so, um, so yeah, so she's a great resource and please feel free to access her.

She's on my website also, um, under the clinical resources. And I'm very excited to have you on the show and as a resource. Fantastic.

**Brenda Stockdale:** Such a privilege. And I've recommended your resources and your books and your online program and your group work to, to many people I work with. So I appreciate you. Thank you.

All right.

**David Hanscom:** Well, we'll stay in touch and, uh, thank you.